



Texas Department of Public Safety
 Regulatory Services Division
 P.O. BOX 15888, Austin, Texas 78761-5888

HANDGUN LICENSING

- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS FILLED

EXAMPLE:
 ● Yes ○ No

SCHOOL SAFETY CERTIFICATION INSTRUCTOR APPLICATION

APPLICANT INFORMATION				FOR DPS USE ONLY	
I have instructed at least (4) License To Carry a Handgun (LTC) courses (classroom and firearm proficiency) in the past year.				<input type="radio"/> Yes <input type="radio"/> No	
I currently hold a valid LTC Instructor Certification		LTC License No			
<input type="radio"/> Yes <input type="radio"/> No					
Last Name		First Name		MI	Suffix (IF ANY)
<input type="radio"/> Original Applicant	<input type="radio"/> Driver License <input type="radio"/> ID Card	DL/ID State (2-LETTER CODE)	DL / ID Number		
CONTACT INFORMATION					
Residence Address (Cannot be a PO Box)		City		State (2-LETTER CODE)	ZIP Code
Mailing Address (if different from Residence Address)		City		State (2-LETTER CODE)	ZIP Code
Phone Type	<input type="radio"/> Home	<input type="radio"/> Cell	<input type="radio"/> Office	Number	
Phone Type	<input type="radio"/> Home	<input type="radio"/> Cell	<input type="radio"/> Office	Number	
Applicant Email					
PAYMENT INFORMATION: Original School Safety Certification Instructor Application Fee: \$100					
I am submitting the appropriate fee(s) with application by mail					
<input type="radio"/> Yes <input type="radio"/> No					
<p>Note: Payment must be in the form of a personal check, cashier's check, or money order to Texas Department of Public Safety.</p> <p>I understand all fees submitted to Handgun Licensing are non-refundable and non-transferable.</p>					

I verify the information provided is true and correct, and I understand this is an **official government record** and any false statement made on this document or any other supplement provided to DPS may result in **criminal prosecution**.

Applicant Signature _____ Date _____ (MM/DD/YYYY)

Mail to: **Regulatory Services Division MSC 0245**
Texas Department of Public Safety
P.O. Box 15888
Austin, Texas 78761-5888

Privacy Policy: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.